PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		108140-00030	
Application Number 10/695,194		Filed October 28, 2003	
For Diagnostic Method For Transmissib	ole Encephalopathies		
Art Unit 1645		Examiner Rodney P. Swartz	
This is a request under the provisions of 37 C application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	420.00
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>130.00</u>
Two months (37 CFR 1.17(a)(2)	\$490	\$245	\$
Three months (37 CFR 1.17(a)(3)) \$1110	\$555	\$
Four months (37 CFR 1.17(a)(4)) \$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))) \$2350	\$1175	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to Deposit Account Number 01-2300	charge any fees which may	be required, or credit	any overpayment, to
WARNING: Information on this form may be Provide credit card information and author	ecome public. Credit card infom rization on PTO-2038.	nation should not be incl	uded on this form.
I am the applicant/inventor.			
Statement under 3	the entire interest. See 37 C 7 CFR 3.73(b) is enclosed (Form P10/SB/96).	
attorney or agent of re	ecord. Registration Number	37,645	
attorney or agent under if a	er 37 CFR 1.34. acting under 37 CFR 1.34		
Man		December 30, 2009	
Signature		Date	
Marylee Jenkins		212-484-3928	
Typed or printed name			one Number
NOTE: Signatures of all the inventors or assignees of rec signature is required, see below.		entative(s) are required. Submi	t multiple forms if more than one
✓ Total of1	forms are submitted.		which is to file (and by the
This collection of information is required by 37 CFR 1.136(i ILISTT to process) an artification. Confidentially is given complete, including gathering, preparing, and submitting th comments on the amount of time you require to complete U.S. Patent and ITachemak Office, U.S. Department of Cor FORMS TO THIS ADDRESS. SEND TO: Commission	the completed application form to the USI the completed application form to the USI this form and/or suggestions for reducing	PTO. Time will vary depending this burden, should be sent to 22313-1450. DO NOT SEND	othe Chief Information Officer, FEES OR COMPLETED